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WESTMORLAND COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL
OFFICER OF HEALTH

THE YEAR 1952

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COUNTY OF WESTMORLAND.

Public Health Department,
County Hall, Kendal.

October, 1953.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1952.

VITAL STATISTICS.

These have shown no marked departure from previous years. The death rate of 10.8 nearly approximates that for England and Wales and the Infant Mortality Rate of 25.3 compares favourably with that of 27.6 for England and Wales. However, with the relatively small figures seen in Westmorland the numbers are apt to fluctuate more widely than where a larger population is under examination. The chief causes of death remain much as before with heart disease, cerebral haemorrhage and cancer leading the others in that order. During the past three years heart disease has been responsible for nearly twice as many deaths as cerebral haemorrhage and cancer put together. The distribution of deaths throughout the county shows no preponderance in any one place or district and, in fact, the death rate appears remarkably even in all urban and rural districts. The most important cause of deaths in infants under one has been prematurity.

NOTIFIABLE INFECTIOUS DISEASES.

Little comment is called for here as the pattern is much the same as in previous years. Measles and whooping cough account for the great majority of cases, fortunately without any fatality. Polio-myelitis, which is a constant menace in other parts of the country, provided one case. There were no cases of diphtheria.

AMBULANCE AND HOSPITAL CAR SERVICES.

The Ambulance and Hospital Car Services have been fully utilised during the past year and the arrangements made have been proved adequate to the task. As in previous years, the bulk of the work has undoubtedly fallen on the Kendal Station but good use has been made of the other ambulance stations in the more remote parts of the county. There is still a considerable amount of con-

gestion of the housing of vehicles in Kendal but when building materials are more plentiful some thought should be given to the building of more suitable premises. The Hospital Car Service has been very busy during the past year, and I think it can be said that we have now reached a steady level of use. The Council has made no change in the Service during the past year and so relies entirely on the service of voluntary car drivers and taxis. As in the previous year there is a tendency for the use of taxis to increase, particularly in the north of the county.

NURSING SERVICES.

There has been steady progress in the housing of the nurses. Five new houses have been completed and two are in the course of erection. There is little doubt that the provision of suitable houses for nurses has a material effect in assisting the Council to maintain the supply of nurses. A significant feature is that there are no vacancies in all the nursing districts of Westmorland.

In order to gain a more detailed insight into the working of the National Health Service Act in regard to Local Authorities, the Ministry of Health sent out Circular 29/52 and a copy of the reply is embodied in this report.

Once again Dr. Morton has provided a most stimulating and interesting account of chest work in the north of the county. By arrangement with the Newcastle Regional Hospital Board, the Cumberland Mass Miniature Radiography Unit was able to make a survey in Patterdale. I am very glad to report that the one time heavy death rate in this village from tuberculosis and silicosis no longer exists owing to improved mining methods and careful preliminary selection by the Greenside Mine staff. In connection with this I have made some enquiries amongst the slate workers to see if any form of dust disease exists but so far with negative results.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1952.

Name.	Qualifications.	Office.	Whole or Part Time.		Other Offices.
John A. Guy	.. M.D., D.P.H.	County Medical Officer	Whole		School Medical Officer.
F. M. Taylor	.. M.R.C.S., L.R.C.P., (Lond.)	Asst. County Medical Officer	Whole		Asst. School Medical Officer.
J. Munro Campbell	.. M.B., Ch. B., D.P.H.	.. Tuberculosis Officer	Part		Physician Superintendent, Meathosp Sanatorium.
W. Hugh Morton	.. M.B., Ch.B., M.R.C.P., D.P.H.	Tuberculosis Officer	Part		Consultant Chest Physician
John Irvine	.. L.D.S.	.. Senior Dental Officer.	Whole		Senior School Dental Officer
A. S. Carter	.. M.R.C.S., L.R.C.P., L.D.S.	Assist. Dental Officer.	Whole		Assist. School Dental Officer
E. H. Seabury	.. L.D.S.	.. Assist. Dental Officer	Whole		Assist. School Dental Officer
A. Skinner	..	.. Mental Health Worker	Whole		
E. M. Thomas	.. S.R.N., S.C.M.	.. Superintendent Nursing Officer	Whole		

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres, land and inland water)	504,917
Population (Registrar-General's estimate of resident population, mid-1952)	66,600
Total Rateable Value as on 1st April, 1952	£468,958
Estimated product of a Penny Rate (General County) for the financial year 1952-53.	£1,876

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1952.

	Total.	Males.	Females.
Live Births—Legitimate	887	457	430
Illegitimate	61	26	35
	—	—	—
Total births	948	483	465
	—	—	—

Birth Rate per 1,000 of the estimated resident population ... 15.1
 Birth Rate, England and Wales, 15.3.

	Total.	Males.	Females.
Stillbirths	24	12	12
Rate per 1,000 total live and stillbirths, 22.6			

	Total.	Males.	Females.
Deaths	805	402	403
Death Rate per 1,000 of the estimated resident population, 10.8.			
Death Rate, England and Wales, 11.3.			

Deaths from Pregnancy, Childbirth or Abortions 1
 Rate per 1,000 total (live and still) births, for the purpose of calculating Maternal Mortality, 1.03.
 Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.72.

Death Rate of Infants under one year of age :—

All infants per 1,000 total live births	25.32
Legitimate infants per 1,000 legitimate live births	22.55
Illegitimate infants per 1,000 illegitimate live births	65.57
Infant Death Rate, England and Wales, 27.6.	

Deaths from :—	1951.	1952.
Cancer (all ages)	132	125
Measles (all ages)	—	—
Whooping Cough (all ages)	—	—

POPULATION.

DISTRICT.	Area in acres (Land and Inland Water).	Population.
		Registrar General's estimate Mid.-1952.
URBAN.		
Appleby	1,877	1,698
Lakes ...	49,917	5,490
Kendal	3,705	18,430
Windermere ...	9,723	6,502
RURAL.		
North Westmorland	288,688	16,550
South Westmorland	151,007	17,930
Westmorland ...	504,917	66,600

BIRTH RATE, 1951 and 1952.

Birth Rate per 1,000 estimated resident population.

District.				1951.	1952.
Urban.					
Appleby	..	..	..	18.5	10.5
Kendal	..	..	..	12.9	14.6
Lakes	..	..	..	9.8	9.7
Windermere	..	..	..	10.7	10.6
Rural.					
North Westmorland			..	16.2	17.6
South Westmorland			..	16.5	17.2
Westmorland	..	..	..	14.3	15.1
England & Wales	..	..	..	15.5	15.3

The Birth Rates in the table above are calculated using the comparability factor supplied for the purpose by the Registrar-General.

Live Births registered in the last five years were as follows :—

Year	...	...	1948.	1949.	1950.	1951.	1952.
Number of births...			1,039	1,053	969	898	948

DEATH RATE, 1950, 1951 and 1952.

Death Rate per 1,000 estimated population.

District.	1950.	1951.	1952.
URBAN			
Appleby	14.7	9.8	12.7
Kendal	13.7	12.6	11.1
Lakes	13.9	12.7	11.9
Windermere	11.0	11.7	8.8
RURAL			
North Westmorland	11.4	13.0	11.0
South Westmorland	11.4	11.3	10.3
WESTMORLAND	13.9	12.3	10.8
ENGLAND and WALES	11.6	12.5	11.3

The Death Rates in this table are calculated using the comparability factor provided for the purpose by the Registrar-General. The Death Rate for the County as a whole for 1950 is given as a crude figure as no comparability factor is available for this year.

The chief causes of death in Westmorland in 1950, 1951, and 1952, in order of maximum fatality in 1952, were as follows:—

	No. of deaths. 1950.	No. of deaths. 1951.	No. of deaths. 1952.
Heart Disease	329	298	246
Cerebral Haemorrhage	124	136	160
Cancer	155	132	125
Other Circulatory Diseases	42	32	51
Violence	29	36	32
Bronchitis	23	51	20
Pneumonia	23	18	18
Digestive Diseases	16	12	15
Nephritis	16	14	13
Tuberculosis of the Respiratory System	20	8	8
Influenza	8	38	2
Other Respiratory Diseases	9	11	2

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY. (Under 1 year).

Rate per 1,000 Live Births.

District.			1950.	1951.	1952.
URBAN					
Appleby	...	...	Nil	34.5	Nil
Kendal	...	...	52.5	46.4	29.7
Lakes	...	...	65.2	Nil	19.2
Windermere	...	...	35.3	13.9	28.6
RURAL					
North Westmorland	...	...	33.7	28.8	22.6
South Westmorland	...	...	46.2	45.5	25.4
WESTMORLAND	...	...	43.3	35.6	25.3
ENGLAND and WALES	...	...	29.8	29.6	27.6

ILLEGITIMATE INFANT DEATH RATE.

Rate per 1,000 Illegitimate Live Births.

			1950.	1951.	1952.
WESTMORLAND	...	...	62.5	Nil	65.57
ENGLAND and WALES	...	...	40.3	38.48	38.94

Causes of Death in Infants under 1 year in 1952:—

Prematurity	...	...	...	...	12
Atelectasis	...	...	...	...	4
Other lung conditions	...	...	...	...	5
Congenital heart disease	...	...	...	...	2
Enteritis	...	...	...	...	1
Murder of unknown child	...	...	...	...	1
Meningitis	...	...	...	...	1
Status Lymphaticus	...	...	...	...	1
Multiple deformities	...	...	...	...	1

SURVEY OF LOCAL HEALTH SERVICES.

Ministry of Health Circular, 29/52.

1. Administration.

There is no decentralisation in Westmorland owing to the small population. The whole organisation is controlled by the statutory Health Committee with the following sub-committees:—Maternity and Nursing Services, Prevention and Rehabilitation, General Purposes, Mental Health. There are no Area Committees. In place of the District Nursing Associations there are District Nursing Committees which have the function of assisting the County Council in the selection of nurses for their areas and in helping to solve the day to day problems which arise—they rarely meet.

Co-ordination and detailed administration of the Services is carried out by the Medical Officer of Health, the Ambulance Officer, and the Superintendent Nursing Officer; the latter administers the Home Help Service.

2. Co-ordination and co-operation with other parts of the National Health Service.

Although no member of the Local Health Authority is also a member of either of the Regional Hospital Boards covering the County, the authority has a representative on the Special Area Committee for Cumberland and North Westmorland, and also representatives on the various Hospital Management Committees. The County Medical Officer is a member of the Liaison Committee of the Medical Officers for both the Manchester and Newcastle Regions and of the Local Medical Committee for Westmorland, and is invited to attend, as an observer without voting rights, the meetings of the Special Area Committee and of the Westmorland Executive Council. Small scale organisation allows easy co-operation with other authorities at officer level.

A much closer co-operation with the hospitals serving the area is desired, especially with regard to discharges of patients, when the services of either nursing or domestic staff is frequently required. For co-operation with the Maternity Hospitals serving the area, see section 5.

All general practitioners are circularised periodically regarding the services made available by the County Council, and they and the District Nurse/Midwife/Health Visitors are able to inform the public regarding these services and the methods of obtaining assistance therefrom.

3. **Joint Use of Staff.**

Private practitioners have been used to limited extent on a part-time basis for Maternity and Child Welfare Clinics and School Medical Inspection; altogether 7 medical practitioners have been employed at irregular intervals. In selecting the practitioner for this work, regard has been paid to where help was most needed and to the availability of medical practitioners, their willingness to assist and certain other considerations. The Committee decided, where possible, to employ practitioners in areas which were doctored by one practitioner or by one firm. These areas have been found chiefly in the periphery of the County. I should not regard the employment of private practitioners as a complete substitute for a full-time Assistant Medical Officer of Health, to be entirely satisfactory.

No arrangement has been made for local or other officers employed by the authority to work part-time in hospital or specialist services. Certain officials are employed jointly by the Regional Hospital Board and the Local Authority, e.g., Tuberculosis Officers for North and South Westmorland, the Eye Specialist, the Tuberculosis Health Visitor. No other specialists are employed by the Westmorland County Council and children who require a specialist's attention are sent to the appropriate out-patient department at the Westmorland County Hospital, Cumberland Infirmary or Royal Lancaster Infirmary, the family doctor's consent having previously been obtained.

4. **Voluntary Organisations.**

Accommodation for **unmarried mothers and their babies** is provided on an agreed financial basis by 3 Voluntary Moral Welfare Associations, whilst grants are made to 2 other similar bodies in respect of either accommodation or out-door work for this type of case. See also paragraph (5).

Care of the **Blind and Handicapped Persons** is undertaken by a voluntary society in which Barrow-in-Furness, Westmorland and Carlisle are conjointly members. 3 outdoor workers are employed, each having use of a car. A hospital for 12-15 blind persons (Cumberland and Westmorland Homes and Workshops for the Blind) is in existence in Carlisle; there are also workshops in Carlisle for the blind, and handicapped persons are also helped in employment by the local branch of the Ministry of Labour.

Assistance in running the ambulance service is received from local branches of the St. John Ambulance Brigade; in fact until the

end of 1951 the hospital car service was operated by the British Red Cross Society, but at the moment of writing they have relinquished this function, which is entirely done by the Westmorland County Council.

There are no Voluntary Nursing Associations within the County now; the County Council took over the Westmorland County Nursing on the appointed day after the passing of the National Health Service Act.

The Kendal Guild of Service offers advice and moral help in various ways and the W.V.S. helps in the same way.

5. Care of Expectant and Nursing Mothers and Children under School Age.

There has been no Local Health Authority ante-natal clinic in the County since the only one was closed in 1949 owing to the small use made of it. A weekly specialist clinic is held at the County Hospital. Assistance is given in a very few general practitioners' surgeries by midwives; arrangements are made locally by the practitioners and midwives for their mutual convenience. The Local Health Authority has no arrangements for blood testing the expectant mothers and the extent to which practitioners carry this out is not known to me. I am, however, of the opinion that it is not done as a routine measure in every case. There are no special clinics where mothercraft training is undertaken; this of course would be a useful adjunct to any ante-natal clinic. The only mothercraft training which I am aware of is given by the district nurse/midwives in the course of their visits. Maternity outfits are supplied by the Westmorland County Council to expectant mothers and are chiefly distributed via the district nurse.

Responsibility for the care of unmarried mothers is usually assumed by the outdoor workers of the Diocesan Moral Welfare Association, the Local Health Authority paying for their keep. There are specialist obstetric clinics at the various hospitals serving the area (Cumberland Infirmary, Westmorland County Hospital, Lancaster Royal Infirmary); the Local Health Authority has nothing to do with these clinics. In the case of expectant mothers booking for confinement at the Penrith Maternity Home, midwives employed by the Local Health Authority are, by arrangement with the Hospital Management Committee, responsible for the ante-natal supervision. This facility has been offered to the other Hospitals providing maternity accommodation but has not been accepted.

Notification of discharge of mothers and babies is not altogether satisfactory, with the exception of Helme Chase Maternity Home and Penrith Maternity Home, where prompt notification is received. In some cases women who have been confined are discovered some time after they have come home from hospital by hearsay information reaching the district nurse. Some improvement in this has been gradually taking place. There is, however, considerable room for further improvement here.

Maternity outfits consist of :—

- 12 maternity pads—extra large.
- 12 maternity pads—large.
- 1 accouchement sheet, 20in. x 24in.
- 4 2 oz. packets of absorbent cotton wool.
- 1 packet linen thread.
- 2 packets umbilical pads.
- 6 packets of cord powder.
- 1 sheet of waterproof paper.

Each midwife is responsible for securing that in each domiciliary confinement which she is booked to attend, the mother is provided with one of these outfits.

Child Welfare.

The Local Health Authority provides 14 infant welfare centres at which a doctor attends. With the exception of Brough, which is staffed by a local practitioner, the clinics are staffed by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, the great majority operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat, clinics run by the Regional Hospital Board to which mothers and children can have access. The infant welfare clinics are made good use of by the mothers; the chief use is advice on general infant hygiene and feeding. Owing to the scattered nature of the population the clinics tend to be small but one feels that there is a definite need even for a small clinic.

Care of Premature Infants.

One premature baby outfit is held in Kendal and is sent to any part of the County where it is needed for the domiciliary care of premature infants. This arrangement is found to work satisfactorily;

as a general rule premature infants are born in hospitals or nursing homes and are kept until the child reaches a viable weight of at least 5 lb. So far as I am aware there is no hospital serving this County which provides any special care for premature infants.

The premature baby outfit consists of :—

- Pillow and cover.
- Cot canvas.
- 3 hot water bottles.
- 3 blankets.
- 1 mackintosh sheet.
- 3 gowns.
- 3 vests.
- 1 wall thermometer.
- 1 cot.
- 1 tin of glucose.
- Synkavit for oral administration.
- 1 Belcroy feeder.
- 1 mucus catheter.
- 1 rubber oxygen funnel.

Supply of Dried Milk.

Arrangements have been made with the local Food Officer for issue of welfare foods, cod liver oil, vitamins, etc., available under the Government Welfare Foods Scheme; the Local Health Authority has made other dried milks and nutrients available for their infant welfare centres. The greatest sale for these has been in the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

Dental Care.

Owing to the shortage of dental staff it was not possible until September, 1952, to make any arrangements for the dental care of mothers and young children. Arrangements have never been satisfactory for the reason that there are no ante-natal centres within the County and although the dental officers have attended the infant welfare centres the mothers with young children have preferred to attend private dentists rather than Local Health Authority ones. With regard to young children, there is little need for dental care of infants under 1 and mothers attending infant welfare centres do not come frequently with infants of 2 to 5, in which age group one might expect a greater need for dental attention.

6. **Domiciliary Midwifery.**

The midwifery service is provided directly by the Local Health Authority, who took into employment on the appointed day the staff of the District Nursing Associations which had previously undertaken this work. There are 38 midwives; the Assistant County Medical Officer has been appointed medical supervisor of midwives and the Superintendent Nursing Officer has been appointed non-medical supervisor. These two officers are responsible for the supervision not only of midwives employed by the Authority but those working in Hospitals and Nursing Homes. There are no midwives engaged in private domiciliary practice. All except two of the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus. At the moment 16 of the midwives are authorised to use pethedine. Midwives who have booked cases undertake the ante-natal care; where, however, cases have been booked with medical practitioners and are to be confined at home they usually have ante-natal care by their own doctors. In one or two instances the practitioner has found it convenient to have something in the nature of a small private ante-natal clinic to which appropriate midwives who will be present at the confinements in the capacity of maternity nurse are invited to be present. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act and has led to a certain dissatisfaction on the part of the midwives. Arrangements have been made for the Local Health Authority to assist in selecting women who are to be confined in the Penrith Maternity Home; however, owing to the decrease in the birth rate there has been no difficulty whatsoever in obtaining beds for those cases wishing to go to maternity homes or hospitals. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses arranged by the Royal College of Midwives at the expense of the Local Health Authority, during which time they receive full salary. No arrangements exist for the training of pupil midwives.

7. **Health Visiting.**

Apart from two full-time health visitors and one tuberculosis visitor employed in Kendal, health visiting is undertaken by district nurse/midwives, of whom 12 hold the health visitors certificate, the rest being employed under dispensation granted by the Ministry of Health.

To enable unqualified nurses to obtain the health visitors certificate a scholarship was awarded annually under which the cost of

training and maintenance was defrayed by the Local Health Authority, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. On economic grounds these scholarships are now awarded in alternate years. A series of lectures is held locally during each year and selected nurses are sent in rotation on refresher courses. There is no definite link between the health visitors services, medical practitioners and local hospitals, although some of the younger practitioners in the County are making more use of the health visitors. I do not, however, envisage that any real integration can take place until there are one or more Health Centres.

8. Home Nursing.

The Home Nursing Service is provided by the district/nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is more co-operation with general practitioners in the home nursing field by reason of the fact that although nurses may be called in by patients the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and does not come through the Public Health Office. There is very little liaison with hospitals, although occasional requests for dressings or injections are received.

No specific night duty nurses are employed, but all nurses are available day or night in cases of real necessity and no difficulty has been experienced in this direction.

The Council awards only one scholarship for District Training per year, and there are no arrangements for district training within this County. An annual series of lectures is arranged which includes topics specifically relating to home nursing.

9. Vaccination and Immunisation.

We find that we get the best results by notifying the parents, when the child is approaching one year of age, of the fact that it is due to be immunised and informing the mother the place and the date on which the nearest clinic is held. An endeavour to check on this is done by issuing to each district nurse/midwife a list of the children who have not been immunised and asking her to visit and ascertain the reason and, if necessary, to persuade the parents. In Ken-

dal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at special clinics arranged from time to time throughout the County, and in other cases following school medical inspection. Arrangements for immunisation against whooping cough are similar to the arrangements for diphtheria immunisation; the age at which immunisation is first done is approximately one year. Private practitioners throughout Westmorland have been encouraged to join in the campaign against diphtheria and whooping cough by taking part in the inoculation of young children. This has become increasingly popular amongst the doctors and has led to some interesting observations. It is our custom in the public health service here to give inoculations for diphtheria and whooping cough separately. As a general rule, however, the family doctor prefers to give a combined inoculation; the dose of antigen is also variable as well as the source. Supplies of diphtheria and whooping cough antigen are available free to the practitioners from the Public Health Office; as a general rule, however, practitioners prefer to buy their own antigen. Supplies of printed cards have been distributed to the practitioners and as a general rule these are returned on completion of any immunisation.

During 1951, 337 children received protection against whooping cough, but although this was the fifth consecutive year in which no case of diphtheria was notified the fact that only 57 per cent. of the children under 15 have been immunised must be a matter of some concern.

10. **Ambulance Service.**

As in the previous years back to 1948, the Ambulance and Sitting Case Car Service has functioned efficiently and no complaints, verbal or written, have been received. The two services are run separately; the Ambulance Service is under the direct control of the Ambulance Officer who is also the Chief Fire Officer, while the Sitting Case Car Service is run directly by the Health Department. In former years the custom was for the British Red Cross to recruit "Voluntary Car Drivers" and to operate the Sitting Case Car Service on behalf of the Westmorland County Council. The service is now directly run by the Health Department. The table below shows that although there has been an increase of patients there has been a decrease of mileage due to the practice of carrying more than one patient in one vehicle.

Miles per journey	1951	...	37.9
	1952	...	36.6
Miles per patient	1951	...	19.0
	1952	...	14.8

The type of patient carried by the Sitting Case Car Service is either hospital out-patient or hospital discharge.

		Total No. of patients.	Total No. of journeys.	Total mileage.
Ambulance	...			
	1951	2,927	2,101	77,231
	1952	3,050	2,176	79,999
Sitting Case				
Cars	...			
	1951	11,534	5,783	219,208
	1952	14,579	5,908	216,299

From the figures for both services for 1952 it is clear that there is still an increasing demand for the services but that the increase is much smaller than in previous years.

In general there is little reason to believe that the service is abused; there are, of course, isolated instances. Both the hospitals and General Practitioners have been circularised about the use of the service and both have acted fairly by both service and patient. There have been a few instances where patients have been sent to distant hospitals for treatment which could have been obtained locally. Some economy could be secured if Carlisle Local Health Authority would allow Westmorland County Council to collect patients discharged from Carlisle Hospitals to addresses in Westmorland, as the cost per mile of both ambulances and sitting case cars in Westmorland is very much lower than it is for the Carlisle vehicles. At the moment this County Borough conveys all cases for which it is entitled to charge the Westmorland County Council under Section 24 of the National Health Service (Amendment) Act 1949.

No new type of equipment has been brought into use in this service, although by mid-1953 all except one of the pre-1948 fleet of ambulances will have been replaced.

The number of Ambulances in commission remains at seven and continues to function from the following depots:—

Depot.		Number of Ambulances.	Method of Manning.
Kendal	...	4	Whole time (5) augmented by S.J.A.B.
Ambleside	...	1	Retained
Appleby	...	1	Do.
Kirkby Stephen	...	1	Do.

In addition, by agreement with the Cumberland County Council, an Ambulance from Penrith is available to the parishes in the North of the County.

Ambulances now in commission.

Ambulances now in commission.					Mileage at	Condition.
	Station.	Make	Year.	31-12-52.		
1.	Kendal	Bedford (AEC 905)	1951	35,941	Good	
2.	Appleby	Bedford (AEC 539)	1951	24,388	Good	
3.	Kendal	Bedford (JM 9344)	1950	63,091	Good	
4.	Kirkby					
	Stephen	Bedford (JM 8868)	1949	50,907	Good	
5.	Ambleside	Morris (JM 7667)	1948	25,785	Good	
6.	Kendal	Ford (JM 4803)	1939	89,764	Poor	
7.	Kendal*	Austin (JM 1979)	1935	29,597	Poor	

*This vehicle is used for infectious cases only.

All infectious cases continue to be dealt with by the whole-time personnel at Kendal, as the retained personnel at the other depots have not the facilities for carrying out the proper disinfection of their vehicles.

The system of maintenance continues to function satisfactorily. All repairs at Kendal, with the exception of those of a major character are carried out by the Fire Brigade mechanic. Lack of workshop facilities does definitely limit the mechanic's enthusiasm.

The ambulances at Appleby, Kirkby Stephen and Ambleside continue to be excellently serviced and maintained at the service garages where they are garaged.

Ambulance Calls.

		Patients Carried :								Mileage.
Station.	No.	Infectious	Accidents	Maternity	Others.	Total Patients.	Patient Carrying & Service Journeys.	Abortive Journeys.	Total Journeys.	
Kendal	4	27	171	66	1,871	2,135	1,626	23	1,649	45,948
Ambleside	1	—	46	8	178	232	153	3	156	5,721
Appleby	1	—	23	26	470	519	209	4	213	15,428
Kirkby Stephen	1	—	14	41	109	164	152	6	158	12,902
1952	7	27	254	141	2,628	3,050	2,140	36	2,176	79,999
1951	7	50	224	157	2,496	2,927	2,085	16	2,101	77,231

Average miles per journey 1952 ...	36.76
1951 ...	36.76

By arrangement with the Lancashire County Council 47 removals, which are included in the above figures, were undertaken, with a mileage of 3,053.

Liaison with the various Hospitals, whereby arriving ambulances are notified that patients are being discharged, has in a great number of cases saved the ambulances from returning empty.

Personnel.

With very few exceptions, in very great urgency, i.e. accidents, it has not been necessary to call upon any volunteers during the day-time. On several occasions when it has been absolutely necessary, firemen have, during the absence of all drivers, manned the ambulances and done good work.

The whole-time personnel have continued to give of their best, and again the Kendal St. John Ambulance Brigade personnel have at all times throughout the night-time provided attendants when required. Their work and efforts are very much appreciated.

All whole-time personnel have again qualified in "First Aid to the Injured."

On various occasions requests have been made for ambulances to attend at emergencies that have arisen, e.g., Ribbleshead train accident, and mine disaster at Glenridding, and letters of appreciation for services rendered have been received.

Accommodation.

There is increasing congestion at the Kendal Fire Station, and this is made worse by the addition of Auxiliary Fire Service vehicles and equipment, so that the need for the provision of buildings for the Ambulance Service is a very real one.

11. Prevention, Care and After Care.

Tuberculosis.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle-upon-Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes.

The Chest Physicians give general directions to the work of the Tuberculosis Visitors, and on their recommendation the Authority provides extra milk to necessitous cases, and open-air shelters where the housing circumstances and the condition of the patient warrants it.

The County Council has also agreed to accept financial responsibility for cases where admission to a rehabilitation colony or village settlement is recommended by the Tuberculosis Officers, and for patients living in and near Kendal an Occupational Therapy Scheme is in operation, under which patients have the advice of an instructor employed by the Local Health Authority and are enabled to purchase materials at concessionary rates.

B.C.G. vaccination is available under arrangements with, and on the advice of, the Chest Physicians.

Venereal Disease.

Venereal diseases are no longer a problem in the area, but the services of a selected Health Visitor are available for contact tracing in any case in which the Medical Officer of the Venereal Disease Clinic requests such assistance.

Illness Generally.

The Local Health Authority has accepted financial responsibility for the maintenance in Convalescent Homes of cases recommended by the medical staff of hospitals or by general practitioners and approved by the County Medical Officer of Health.

A fairly extensive range of nursing equipment is available on loan from the nurse/midwives employed by the Council or direct from the Health Department.

12. Domestic Help.

The detailed day-to-day administration of this service is carried out by the Superintendent Nursing Officer and her Deputy. The majority of the requests for help are met, although in one or two rural areas difficulty is experienced in recruiting workers, partly due to the fact that only very casual work can be offered. In areas where fairly full-time and regular employment can be offered there is much less difficulty in recruitment. The service is at present being used to capacity, and its expansion is only prevented by financial stringency. The greatest number of cases helped are old and infirm people, mostly living alone. To maintain the efficient and economical running of the service a considerable amount of visiting of patients receiving help is

required, for the purpose of adjusting the amount of help given. The service has attracted a good type of woman, and many have been in it since it was formed in 1948. It is felt that this service is one of the most vital parts of the National Health Service and that, if it were allowed to expand, it would be a means not only of ensuring the earlier return home of hospital patients but often the avoidance of the removal to homes and hostels of many aged and infirm, though not necessarily ill, people.

Owing to the fact that the workers are so widely scattered, it has not yet been found possible to provide any facilities for training.

13. **Health Education.**

The Council subscribes to the Central Council for Health Education, from which body it purchases literature for distribution in appropriate circumstances and in conjunction with which it has sponsored lectures on subjects such as Child Care, Food Hygiene, etc. Possible action to reduce accidents in the home is at present under active consideration, and it is probable that the Local Health Authority will decide to work largely through its Health Visitors and Child Welfare Centres, through schools, and in conjunction with the two voluntary Committees which have been set up to foster action in this matter, and which included representatives of various interested bodies including the Westmorland Branch of the Royal College of Nursing, Medical Practitioners, etc.

14. **Mental Health.**

1 (A). As advised in Ministry of Health Circular 100/47, the Health Committee has appointed a Mental Health Sub-Committee to deal with its functions, under Section 57 of the National Health Service Act, and, so far as they relate to Mental Defectives and Persons of Unsound Mind, under Section 28 of that Act.

The Sub-Committee is constituted as follows:—

Chairman and Vice-Chairman of the Health Committee	2
Members of the Health Committee (being members of the County Council)	10
Members of the Management Committees of Mental Hospitals and Mental Deficiency Institutions	4
Others (whether Members of the Health Committee, or the County Council, or neither)	3

(B) On the 5th July, 1948, this Authority took over from the Cumberland, Westmorland and Carlisle Joint Committee for the care of the Mentally Defective the duty of ascertaining what defectives in

the area were subject to be dealt with under the Acts, and the duty of providing supervision, care, training and occupation for defectives living in the community. Four officers have been authorised to place persons in a place of safety, under Section 15 of the Mental Deficiency Act, 1913, of whom two have also been authorised to present petitions under the Act. A part-time Occupation Centre Supervisor is also employed.

The County Medical Officer and the Assistant County Medical Officer have each been approved by the Local Health Authority under Section 3 of the Mental Deficiency Act, 1913, for the purposes of giving certificates relating to Mental Defectives. The Authority also employ a Mental Health Worker.

(C) The Authority has undertaken, on behalf of the Regional Hospital Board, the supervision of cases on licence from Institutions who are resident within the area, and also the domiciliary visiting, as and when required, for patients in Institutions and Homes whose parents and friends are resident in Westmorland.

The Mental Health Worker has attended the sessions of the Psychiatric clinic operated in Kendal by the Manchester Regional Hospital Board, and does any visiting which may be required on behalf of patients in or discharged from the various Mental Hospitals.

(D) No duties have been delegated to any voluntary organisation, but the authority makes a grant to the National Association for Mental Health, from which organisation help is sought in difficult cases.

(E) The Occupation Centre Supervisor has visited the Instructional department of a Mental Deficiency Hospital, and two of the Authorised Officers have attended courses at King's College, Newcastle.

2 (a) **Account of work undertaken in the community.**

The Council's Mental Health Worker is always available to advise and assist in cases of mental illness, and before 5th July, 1948, the authority had arranged with the Medical Superintendent of Garlands Mental Hospital to hold a psychiatric clinic in Kendal. This clinic was subsequently taken over by the Manchester Regional Hospital Board and staffed by the Medical Staff of Lancaster Moor Hospital; the Board has now appointed an additional consultant psychiatrist for the northern part of its area, and this officer has assumed responsibility for this out-patient work.

(b) The Council's duly authorised officers are available not only for the removal to hospital of certified cases, but also to assist in obtaining admission of "voluntary" and "temporary" cases, and to advise on the best means of dealing with any case of mental illness.

(c) Ascertainment of mental defectives is in general carried out by the County Medical Officer of Health and the Assistant County Medical Officer, and most cases coming to the notice of the Local Health Authority are referred to them by the Local Education Authority.

DISTRICT MIDWIFERY, HEALTH VISITING AND HOME NURSING.

The Combined Nursing Service, responsible for Domiciliary Midwifery, Home Nursing, Health Visiting (and also School Nursing under the purview of the Education Committee), set up on the coming into operation of the National Health Service Act on 5th July, 1948, continues to function smoothly. Resignations from the staff during 1950 enabled the combination of the former three districts of Orton and Tebay, Crosby Ravensworth, and Ravenstonedale, into two districts, with consequent economy equivalent to the salary, travelling expenses etc., of one nurse; this new arrangement worked fairly satisfactorily over a trial period of one year, and is continuing with minor modifications for a further year at the end of which period it will again be reviewed.

The Statistical Tables at the end of this Report are a simplified version of the Annual Return to the Ministry.

Domiciliary Confinements.

	1950	1951	1952
No. of Midwifery Cases ...	109	111	121
No. of Maternity Cases ...	203	138	146
	<hr/>	<hr/>	<hr/>
	312	249	267
	<hr/>	<hr/>	<hr/>

Infant Welfare.

	1950	1951	1952
Total Health Visits to Infants			
under 1 year ...	10,103	9,791	10,433
Total Health Visits to Children			
1-5 years ...	12,674	12,347	13,152

DIPHTHERIA IMMUNISATION.

Immunisation against diphtheria, previously the responsibility of the County Council and District Councils concurrently, is now the responsibility of the County Council alone. The treatment is given, either by the County Council medical staff or the general practitioners, according as the parents choose, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of 5 years.

The success of this scheme may be judged from the fact that for the fifth consecutive year there were no cases of diphtheria notified amongst residents of the County, compared with, for example, 21 notifications and 2 deaths in 1937. Details of children immunised during the year, including those receiving reinforcing doses, are given below:—

Number of children immunised during the year 1952 ... 1406

Of these, 712 were under 5 years of age;

64 were between 5-14 years of age; and

630 received re-immunisation or "booster" doses.

VACCINATION AGAINST SMALLPOX.

With the coming into effect of the National Health Service Act, the Vaccination Acts, 1871-1907, were repealed, the offices of Vaccination Officer and Public Vaccinator were abolished, and it became the duty of the Local Health Authority to make arrangements for the vaccination against smallpox of all persons who need or desire this treatment. It is the duty of the Health Visitors to urge all parents to have their children vaccinated as soon as practicable after birth, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is sent to the County Medical Officer, and fees are payable in respect of each report received.

Lymph is supplied free through the Public Health Laboratory Service, and the Council has also taken power, in its proposals, to make such special arrangements as may be necessary in the event of a threatened epidemic of smallpox.

Details of vaccinations carried out during 1952 are:—

Age at date of vaccination:	Under 1 year.	Under 1 year.	2-4 years.	5-14 years.	15 yrs. and over.	Age not known.	Total.
No. vaccinated ...	451	13	16	24	49	1	554
No. re-vaccinated	—	—	1	22	150	2	175
Total ...							729

The fact that, of 948 children born in the County during the year, only 451 had been vaccinated, whilst a great improvement on the preceding year (47% against 31%), cannot be viewed with equanimity in view of the increased risk of the introduction of smallpox infection, by reason of the increased speed and range of foreign travel.

INFANT WELFARE CENTRES.

Details of Infant Welfare Centres in operation at the end of the year are given below.

Area.	Centre held at:	Frequency of Sessions.
Ambleside ..	Y.M.C.A.	Monthly
Appleby ..	Old First Aid Post	Fortnightly
Bampton ..	Church Hall	Monthly
Bowness-on-W'mere..	Rayrigg Room	"
Brough ..	Oddfellows Hall	"
Burneside ..	Bryce Institute	"
Calgarth ..	Social Centre	"
Kendal ..	School Clinic, Stramongate	Weekly
Kirkby Stephen ..	Friends' Meeting House	Fortnightly
Milnthorpe ..	Institute Annexe	Monthly
Shap ..	Methodist Chapel Hall	"
Staveley ..	Working Men's Institute	"
Tebay ..	Methodist Chapel Hall	"
Temple Sowerby ..	Church Hall	"
Windermere ..	Y.M.C.A.	"
Wickersgill ..	Social Centre	"

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendances at Centres.

	1950.	1951.	1952.
Under 1 year	2,270	2,590	3,427
Over 1 year	2,387	2,638	2,956
Average per session ...	23.6	20.3	22.7

Unmarried Mothers and their Children.

The Superintendent Nursing Officer is now responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified	28
---	----

Confinements in:—

Mother's own home	4
St. Monica's Maternity Home	7
Helme Chase Maternity Home	5
Westmorland County Hospital	1
Bay View Hospital, Lancaster	1
Private Nursing Homes	2
Coledale Hall, Carlisle	1
Penrith Maternity Home	1
City Maternity Hospital, Carlisle	4
Other addresses	2

Disposal of Infants:—

Mother keeping baby in own home	20
Baby in care of grandmother	3
Baby died	1
Mother married father of child	1
Left the district	3

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:—

St. Monica's Maternity Home, Kendal.

The Home possesses 23 maternity beds, and during the year 67 maternity cases were admitted, ten of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal.

This Home has 40 maternity beds, and during the year 106 maternity cases were admitted, none of whom were domiciled in Westmorland.

In the case of both of the Homes the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least two months afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

Care of Premature Infants.

The following table gives details of premature infants born at home and in private nursing homes in the County during 1952:—

Premature births notified	...	...	24
Number of domiciliary births	...	...	18
Number who died within 24 hours	...	...	3
„ who died on 2nd to 7th day	...	...	—
„ who survived one month	...	...	15
„ transferred to hospital	...	...	—
Number of private nursing home births	...	...	6
Number who died within 24 hours	...	...	—
„ who survived one month	...	...	5

Details regarding the progress of babies born prematurely in hospitals are no longer available.

REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936).

There were 7 registered homes at the end of the year providing beds for 75 maternity patients and 38 other patients. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Towards the end of the year, the staff having been increased by one additional Dental Officer, a start was made with inspection of children at the Welfare clinics in the county. Our aim is to have a six-monthly inspection of these children each year. Only two pre-natal cases presented themselves for treatment during the period under review.

(a) No. of dental officers employed full time	...	None
(b) No. of dental officers employed part time	...	3
(c) Total No. of sessions worked	...	20
(d) No. of clinics	...	3 clinics and Mobile Surgery
(e) No. of expectant mothers treated	...	2
(f) No. of children under school age treated	...	16

Pre-school.			Expectant Mothers.		
Inspected	...	101	Inspected	...	2
Free of caries	...	76	Treated	...	2
Requiring treatment		25	Extractions	...	10
Treated	...	16	General anaesthetic...		1
Having private			Local	„	1
treatment	...	3	Dentures	...	1
Refused treatment	...	6			
Extractions:					
Temporary teeth	...	26			
Fillings:					
Temporary teeth	...	30			
General anaesthetic...		5			
Local	„	6			

THE PUERPERAL PYREXIA REGULATIONS.

During 1952, 10 cases of Puerperal Pyrexia were notified, eight of which occurred in institutions and two in domiciliary practice; all recovered.

DOMESTIC HELP SERVICE.

When preparing their proposals under the National Health Service Act, the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. The service is now the responsibility of the Superintendent Nursing Officer, and its steady expansion of itself testifies to the previously unsatisfied need in this direction. Statistical details are shown in Table II on page 66.

MIDWIVES' ACTS.

Total number of Midwives practising at the end of the year ...	59
District Nurse Midwives	39
Midwives in Institutions and in Private Practice, 20, viz.:—	
(a) Westmorland County Hospital	7
(b) Helme Chase Maternity Home	5
(c) St. Monica's Maternity Home, Kendal ...	4
(d) Brettargh Holt	1
(e) Private Practice:—	
Nursing Homes	3

Midwives' Notification Forms received during 1952 were as follows:—

Notification of sending for Medical Aid	39
„ Artificial Feeding	62
„ Stillbirth	12
„ Death	3
„ having laid out a dead body	7
„ liability to be a source of infection ...	14

Gas Air Analgesia.

The Council's proposals for the provision of a midwifery service, approved by the Minister, require that all midwives shall be trained and equipped for the induction of analgesia, and the stage has now been reached where all midwives, with the exception of two of the older ones, are now trained. Should any newly appointed midwife be untrained in analgesia, steps are taken to provide a training course on the earliest possible opportunity.

During the year midwives have induced Analgesia in 180 domiciliary cases, and at the end of the year 37 District Nurse Midwives were qualified for the induction of Gas-Air Analgesia.

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions

under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

All such applicants are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1952 25 such cases were referred, of whom 21 were certified as blind.

The total number of blind persons on the Council's register on 31st December, 1952, was 111.

MENTAL HEALTH.

Occupation Centre.

An Occupation Centre was opened in Kendal early in 1949 for one session each week for male and female patients. The numbers attending were, as expected in such a sparsely populated area, small—4 males and 7 females—but progress was made in the teaching of rugmaking, embroidery, reading, writing, etc.

Both patients and their relatives are very enthusiastic regarding the progress made, and the latter appreciate being relieved of the responsibility for looking after the patients for a few hours each week. The standard of work in some cases was much higher than had been expected, whilst one of the male patients learned to make simple articles sufficiently well to continue with the work at home and to sell them at a profit.

A simplified version of the Annual Return to the Ministry, given on pages 64 and 65 of this Report, shows the number of cases for which the Council was responsible at the end of the year.

ANNUAL REPORT OF THE COUNTY ANALYST.

1. During the year ended the 31st December, 1952, I have analysed 254 samples of Food and Drugs, submitted by the Sampling Officers appointed for the County of Westmorland, under the Food and Drugs Acts, 1938 to 1950.
2. Samples of genuine quality total 224 which have been certified in this respect, 8 samples were reported as being of genuine quality but below standard, 17 samples were reported as being adulterated or below standard or disclosing some irregularity, 3 samples were reported as being of doubtful quality, whilst 2 appeal samples were also the subject of report.

3. The outcome of the analysis of all samples submitted during 1952, including those samples which were not found to be of genuine quality, or as showing some other irregularity, is shown in the following table:—

Number of milk samples received for analysis	...	35
Number of other samples received for analysis	...	219
		<hr/> 254 <hr/>

This indicates that during the year ended the 31st December, 1952, there was a decrease of 16 samples received for analysis, as compared with the year ended the 31st December, 1951, when a total of 270 samples were submitted.

Number of samples adulterated or below standard, or showing some irregularity	...	...	...	16
Number of samples of genuine quality but below standard	...	...	...	8
Number of samples of doubtful quality	...	...	...	3
Number of informal samples	...	...	...	6
Number of appeal samples	...	...	...	2

4. Milk.

Altogether 9 samples of milk taken in the ordinary course of inspection were found to fall below standard, and these were as under:—

5 samples were deficient in Fat. The names of the suppliers have been noted for further sampling.

1 sample was deficient in Fat, and in connection with this sample 2 appeal samples were submitted which were found to be of genuine quality in every respect.

3 samples were deficient in Non-Fatty Solids. The Freezing Points of these samples were very much on the border line, the figures being -0.531°C and -0.532°C , which are unusual for genuine milk.

5. Other Samples.

During the twelve months ended the 31st December, 1952, 219 samples of articles of food, or of commodities used in the preparation of food, were received for analysis, a decrease of 16 samples as compared with the number submitted during 1951.

Of these, only 10 samples were the subject of adverse reports and they were as follows:—

- 2 samples of Ice Cream were deficient in Fat to the extent of 20% and 50% respectively; the Vendors being convicted and each fined £5.
 - 1 sample of Non-brewed Condiment was deficient in Acetic Acid to the extent of 6.8%. The Vendor of this sample has been noted for further sampling.
 - 1 sample of Orange Juice was found to contain added water to the extent of 50%; the Vendor in this case has been noted for further sampling.
 - 4 samples of Pork Sausage were deficient in meat content to the extent of 12.3%, 12.3%, 6.1% and 2.3%, respectively. The Vendors in the first two cases have been cautioned and in the following one noted for further sampling.
 - 2 samples of Salad Cream were deficient in Oil to the extent of 44% and 20% respectively. Proceedings have been instituted in respect of the sample deficient to the extent of 20% of the Oil which should have been present; this was a follow-up sample to the one deficient in Oil 44%. The Vendor was fined £2 and £5 5s. 0d. costs.
6. Samples outstanding at the year ended the 31st December, 1951, were dealt with as follows:—

Article.	Result of Analysis.	Observations.
Whisky.	42.8% under proof.	Proceedings instituted; the Vendor was fined £3.

Apart from the above observations, the work over the past year has been of the usual character, and there is nothing further to add.

CYRIL J. H. STOCK,

County Analyst.

FOOD AND DRUGS ACTS, 1938-1950.

Annual Report of Sampling Officer for the Year 1952.

This report covers the period 1st January to 31st December, 1952, in relation to the sampling provisions of the Food and Drugs Acts and allied duties for which the County Council is responsible.

The administrative area includes the whole of Westmorland.

Continuing the previous arrangements, particulars of sampling duties undertaken in the Borough of Kendal are extracted quarterly and sent to the Town Clerk.

In the period under review the sampling officers have carried out 765 preliminary sorting tests or "Gerber" tests on milk. As a result of such tests it was only considered necessary to send 36 milk samples for analysis by the Public Analyst.

The total number of samples analysed by the Public Analyst was 254, of which 28 or 11.02% were found to indicate some irregularity.

If milk samples found to be genuine but below standard might be classified as satisfactory, then the figures of 28 and 11.02% would be reduced to 21 and 8.27% respectively. Statistical details with comparative figures for the previous two years are given in the table at the end of this report.

Milk.

The data obtained by preliminary sorting tests and rapid commercial or "Gerber" tests on milk, although not so detailed or so extremely accurate as analysis by the Public Analyst, has proved to be a very valuable and reliable method for the purpose of selective sampling in determining which, if any, of the formal samples obtained, should be submitted for analysis by the Public Analyst.

Eighteen, or half of the total number of milk samples submitted, were irregular in some respects, but of these, 8 were deficient in fat and the remainder were either classified as genuine but below standard or doubtful.

In no case was the fat deficiency such as to warrant the institution of legal proceedings.

Concern has been expressed in other parts of the country in respect of a slight but steady decline in the average fat content of milk. No evidence other than normal fractional fluctuations of the annual average was noted in Westmorland.

Adulteration of milk by the addition of water, either accidentally or by design, is never difficult to accomplish but fortunately the Public Analyst can detect with certainty, very small quantities of extraneous water in such adulterated samples.

It is particularly satisfying to be able to record that of the milk samples examined, none were classified as being adulterated by the addition of water.

Investigation of one sample of milk deficient in fat content indicated that the retailer was receiving milk of good quality but by failing to mix the contents of one particular churn the first few customers obtained far more cream in their milk than did the last few persons to be served.

Advice to the retailer, together with a warning letter, had the desired effect.

In respect of the remainder of samples slightly deficient in fat content, "follow-up" samples were found to be satisfactory.

Samples other than Milk.

The 218 samples "other than milk" were mainly foodstuffs or constituents used in the preparation of food and comprised 208 formal and 10 informal samples from 90 different commodities. Ten samples were unsatisfactory or found to be irregular in some respect.

Attention has also been given to pre-packed and non pre-packed foods, manufactured or prepared in Westmorland.

Classification of Samples

				Indicating some irregularity		Total
				Satisfactory	Irregularity	
Pre-packed foods	...	...	...	106	4	110
Sausages	...	...	...	15	4	19
Pressed Meats, etc.		...	...	8	—	8
Fish Cakes	...	...	...	5	—	5
Ice Cream	...	...	...	29	2	31
Other non pre-packed foods	...		...	25	—	25
Articles of a medicinal nature			...	20	—	20
				208	10	218

Samples disclosing irregularities were :—

Article		Nature of Irregularity	%
Pork Sausage	...	Meat content deficient to the extent of	6.1
"		" " " " " " " "	2.3
"		" " " " " " " "	12.3
"		" " " " " " " "	12.3
Salad Cream	...	Edible Oil content ,, " " " "	44.0
"		" " " " " " " "	20.0
Ice Cream	...	Fat content " " " " " "	20.0
"		" " " " " " " "	50.0
Non-brewed	...		
Condiment		Acetic Acid content ,, " " " "	6.8
Orange Juice	...	Diluted by water " " " "	50.0

A sample of dried milk, submitted by reason of the presence of small dark solid particles, was classified as genuine in that it was found to comply with its description. The dark particles were due to scorching of the product during the drying process of manufacture.

The meat content of sausage is not fixed as a standard under the Food and Drugs Act but as a standard for the control of manufacture at a maximum selling price.

This standard has from time to time fluctuated. Pork sausage has gone from 50% meat to 65% meat and back again to somewhere between 55% to 65% with the addition of skim milk powder, 6% of which could count as 10% meat.

At the present time the restriction on the use of soya in the manufacture of sausages has been removed. Milk powder and vegetable fat are no longer to count as part of the meat content. The minimum meat content for pork sausage is now 65% meat, of which 80% must be pork.

Two of the sausage samples mentioned as disclosing some irregularity were obtained shortly after a variation of standards was introduced without any previous warning, and it might well seem that standards which are reasonable on one day and unreasonable on the next are of questionable value for the purposes of the Food and Drugs Act.

The sample of salad cream deficient in oil to the extent of 20% was taken after the manufacturer had been warned in respect of a previous informal sample deficient in oil content to the extent of 44%.

Non-brewed condiment is simply a coloured dilute acetic acid with a strength in the region of 4% to 5% similar in that respect to vinegar. The sale of this substance so labelled is not an offence provided it is not supplied on a request for vinegar and the vendor takes some effective step to bring to the mind of the customer the fact that what is being sold is not vinegar.

The sample of Orange Juice diluted by water was an informal sample. The packer is now supplying an undiluted fruit juice.

Warning letters were sent to traders in respect of each of the above-mentioned samples.

Prosecutions.

Persons Charged.	Nature of Offence.	Fine			Costs.		
		£	s.	d.	£	s.	d.
*1	Whisky containing added water	...	3	0	0		
2	Salad Cream deficient in edible oil	...	2	0	0	5	5
1	Ice Cream deficient in fat	...	5	0	0		
1	Ice Cream deficient in fat	...	5	0	0		

*Pending at 31st December, 1951.

Ancillary Duties.

Milk pasteurising establishments are required to obtain an annual licence from the Food and Drugs Authority. Licences are issued subject to certain conditions which include methods by which the milk is to be pasteurised and prescribe the tests to be applied to milk.

At the present time only one plant is operating in Westmorland, and from 30 samples obtained six did not pass the prescribed tests.

As a result of notification of the unsatisfactory nature of the samples the pasteurising plant was thoroughly re-conditioned by the owner, and is now functioning efficiently.

School Milk.

Samples of the milk supplied have been taken at 41 schools and submitted for examination by the Department of Pathology, Public Health Laboratory Services.

It has not been possible to visit each school in the County but the visits have been so arranged that at least one sample has been taken from the milk supplied by all except four of the total number of suppliers of milk to schools in the County.

The results of the tests applied are summarised as follows:

		Tests Applied.				
	Samples obtained.	B.Col.	Methylene Blue.	Phosphatase	Cavy Inoculated.	Total Tests.
Satisfactory	... 28	31	50	7	60	148
Unsatisfactory	... 37	34	15	—	—	49
	—	—	—	—	—	—
	65	65	65	7	60	197
	—	—	—	—	—	—

Of the 34 samples classified as unsatisfactory by reason of the presence of b.coli., 22 were satisfactory on the methylene blue test.

Pharmacy and Poisons Act, 1933.

The sellers of poisons listed in Part II of the Poisons List are required to obtain a licence in respect of such poisons and to comply with such provisions of the Act and Poison Rules as relate to Part II poisons.

Statistical details are given in the table following.

Of 4 infringements noted, 3 were corrected at or shortly after the time of visiting, and one trader has ceased to sell poisons.

An attempt has been made to make a quarterly examination of the Poisons Registers which are required to be kept by listed sellers of nicotine and its salts, arsenical, mercurial and other poisons.

The Labelling of Food Order, 1950.

Pre-packed articles of food, when sold by retail, must, subject to certain exceptions, be marked with a statement of ingredients. The accuracy of such statements is checked on all articles submitted for analysis under the Food and Drugs Act, and examinations are made

when carrying out the provisions of the Sale of Food (Weights and Measures) Act to ensure that those products which require to be labelled are in fact labelled in a proper manner.

One tin labelled grapes was, on being opened, found to contain peas.

Minor infringements have been noted but these are usually corrected at the time of the inspection.

A statistical summary of the records of sampling and allied duties over the past three years is appended hereto.

A. BRYANT,

Chief Sampling Officer.

Statistical Summary of Sampling and Allied Duties for the Years 1950, 1951 and 1952

	1952		1951	1950	
	Satisfactory	Doubtful	Satisfactory	Doubtful	
Preliminary sorting checks on milk from churns in transit	585	3	780	14	862
Office "Gerber" tests on milk from churns in transit	8	8	12	3	81
Office "Gerber" tests on milk from retailers ..	72	23	98	29	114
Office "Gerber" tests on milk supplied to schools ..	55	11	44	4	24
	720	45	934	50	
Number of examinations of milk by Sampling Officer..	765		984		1081

CLASSIFICATION OF SAMPLES ANALYSED BY PUBLIC ANALYST.

Milk.

	1952	1951	1950
Genuine	18	7	12
Genuine but below standard in non-fatty solids ..	7	14	27
Doubtful	3	1	5
Below standard in fat	8	3	5
Containing added water	—	2	26
"Appeal to Herd" Satisfactory	—	2	5
"Appeal to Herd" Below Standard	—	6	9
	—	—	—
Total number of milk samples ..	36	35	89
	—	—	—

Other than Milk.

Informal Genuine	8	16	14
Informal showing some irregularity	2	—	—
Formal Genuine	200	212	129
Formal showing some irregularity	8	9	1
	—	—	—
Total number of "other than milk" samples ..	218	237	144
	—	—	—
TOTAL Number of samples classified as satisfactory ..	226	237	160
Number of samples showing some irregularity ..	28	35	73
	—	—	—
Number of samples submitted for analysis ..	254	272	233
	—	—	—

Number of persons noted for further sampling ..	14	4	6
Number of warning letters sent to traders ..	4	7	7
Number of prosecutions	4	3	5
Number of prosecutions pending	—	1	—

Milk Pasteurising Establishments.

Satisfactory samples	24	13	17
Unsatisfactory samples	6	—	1
Total samples to Pathological Laboratory ..	30	13	18

Milk Supplied to Schools.

Satisfactory samples	28	28	9
Unsatisfactory samples	37	18	17
Total samples to Pathological Laboratory ..	65	46	26

Pharmacy and Poisons Act, 1933.

Number of Listed Sellers of Part II Poisons ..	184	185	188
Number of visits to premises	66	105	144
Number of infringements noted	4	9	8

NOTIFIABLE DISEASES.

A Table will be found on page 70 detailing the incidence of these diseases in 1952. The Registrar-General has supplied figures as to the incidence per 1,000 of the estimated average population of notification of certain diseases in 1952 in England and Wales. In the following Table the incidence of notification of these diseases per 1,000 of the estimated population of Westmorland is compared with that of England and Wales :—

		Westmorland.		England & Wales.	
		1951.	1952.	1951.	1952.
Typhoid Fever	...	—	—	—	—
Paratyphoid Fever	...	0.06	—	0.02	0.02
Meningococcal Infection	...	0.01	0.05	0.03	0.03
Scarlet Fever	...	0.89	0.66	1.11	1.53
Whooping Cough	...	4.06	5.74	3.87	2.61
Diphtheria	...	—	—	0.02	0.01
Erysipelas	...	0.06	0.12	0.14	0.14
Smallpox	...	—	—	—	—
Measles	...	21.36	2.24	14.07	8.86
Pneumonia	...	0.37	0.39	0.99	0.72
Acute Poliomyelitis					
(including Polioencephalitis)—					
Paralytic	...	0.10	0.05	0.03	0.06
Non-Paralytic	...	0.03	—	0.02	0.03
Food Poisoning	...	0.58	0.06	0.13	0.13

CANCER TREATMENT.

The following details have been supplied by courtesy of the Lancaster and Kendal Hospital Management Committee :—

Number of Clinics held at Kendal during the year ending

31st December, 1952	...	...	...	12
„ new cases seen	...	...	...	69
„ follow-up cases seen	...	...	...	215

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

Deaths from Cancer, 1951 and 1952.

	1951.			1952.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	36	30	66	34	32	66
Rural Districts	32	34	66	29	30	59
Grand Total	...		132	Grand Total	...	125

TUBERCULOSIS.

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1952:—

Age Periods.	NEW CASES.				DEATHS			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	1	—	—	1	—	—	1	—
5	1	—	—	2	—	—	—	—
15	5	9	—	—	—	—	—	—
25	14	10	—	3	4	2	—	—
45	6	1	—	2	—	—	—	—
65	—	1	—	—	—	—	—	—
75	1	1	—	—	1	1	—	—
TOTAL	28	22	—	8	5	3	1	—
1951	32	22	4	7	6	2	3	—

In 1952 Westmorland patients were admitted to the following Hospitals :—

Westmorland Sanatorium, Meathop	...	...	...	20
High Carley, Ulverston	...	...	...	2
Longtown Infectious Diseases Hospital, Carlisle	...	...	...	1
Gateshead Infectious Diseases Hospital	...	...	...	1
Ormside Infectious Diseases Hospital	...	...	...	4
Enham-Alamein Colony, Andover, Hants.	...	...	...	1
Beaumont Hospital, Lancaster	...	...	...	6
City General Hospital, Carlisle	...	...	...	5
British Legion Colony, Maidstone	...	...	...	1
Blencathra Sanatorium, near Threlkeld	...	...	...	3
Baguley Sanatorium, Manchester	...	...	...	3
Barrow Infectious Diseases Hospital	...	...	...	1
Wrightington Hospital, near Wigan	...	...	...	2
Oswestry Orthopaedic Hospital	...	...	...	2

TUBERCULOSIS SCHEME.

The Tuberculosis work of the County is now divided between the Manchester and Newcastle-upon-Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District. The County Council has made arrangements with both Boards for the services of the appropriate Chest Physician to be made available in connection with the Council's duty to take action directed towards the prevention of tuberculosis and the rehabilitation of tuberculous patients.

The service in the South of the County is under the control of Dr. J. Munroe Campbell, Physician Superintendent of Meathop Sanatorium, with whom the Health Department has had a long and happy association, and is centred on the Fellside Clinic, Kendal. In the North the service is administered by the Special Area Committee for Cumberland and North Westmorland, who have appointed as Consultant Chest Physician Dr. W. Hugh Morton, whose work is centred on the Chest Centre, City General Hospital, Carlisle, and with whom a close association has rapidly developed, to the great benefit of all aspects of the work.

Extracts from the reports of the two Tuberculosis Officers on the work in that part of the county falling within their respective districts are given below.

NORTH WESTMORLAND.

Introduction.

The Chest Centre at the City General Hospital, Carlisle, continues to serve the whole of the area covered by the East Cumberland Hospital Management Committee. This takes in North Westmorland.

The Mass Radiography Unit allotted to the Special Area has been fully employed throughout this area during 1952, and in spite of the long distances involved in reaching the comparatively sparsely populated areas actually carried out more examinations during the year than either of the other four Units in the Newcastle Region.

TUBERCULOSIS.

Notifications.

Whilst the notification rates throughout Great Britain generally show a decline for 1952 the notification rate has again risen in North Westmorland. As far as North Westmorland is concerned our experience during the first few months of 1953 suggests that in the normal course of events the peak has now probably been reached, and that the rates for the present and succeeding years will fall into line with the rates generally throughout Great Britain..

There is, however, no room for complacency as undoubtedly there must still be many patients in this area suffering from active pulmonary tuberculosis, not known to us and who are infecting others. A provisional survey of new cases coming to our notice in 1952 showed that in only 22 per cent. was there a family history of tuberculosis. Many such cases have come to our notice through the operation of the Mass Radiography Unit—the greatest single measure of attacking tuberculosis outside the household.

The value of supervising family contacts is now well established. Apart from this supervision however, and the Mass Radiography surveys, there is a large gap in our ability to prevent and control tuberculous disease. It would seem that because of the relatively great advances in treatment of the disease—both therapeutic and surgical—the epidemiology of the disease has been to some extent neglected. A recent survey elsewhere has shown that the type of case mainly responsible for infecting others is the well established one which had probably been recognised elsewhere, but had not remained under supervision.

The ideal of a six-monthly routine X-ray check of every single person in the community is a utopia which for economic and manpower reasons is impracticable. There is, however, considerable scope for improvement with our present resources and equipment. Several recent Mass Radiography unit public sessions have been poorly attended and our unit can, and will, cope with considerably increased numbers at these sessions if the members of the public would only realise the gain to both themselves and the community in general. This also applies to factory surveys. Whilst our response in factories in the special area is excellent, I do not see why we cannot get 100 per cent. response; it is just as easy for the Unit to examine all the workers in a factory instead of 75 per cent.

Our supervision of family contacts is carried out as far as possible in its broadest sense. We are prepared to examine and test not only immediate contacts in the household, but contacts, for example, in neighbouring households. The same policy is applied when a case of tuberculosis is discovered in a child; contact facilities are immediately made available not only to the contacts at home, but to contacts in school.

Once again co-operation between the general medical practitioners and ourselves has been of an exceedingly high standard. In the vast majority of cases which come to our notice the patient suspected of having tuberculous disease is first referred for an opinion and notification results when the diagnosis has been confirmed in consultation. This is a most happy state of affairs and ensures that no patient is notified in error.

Table 1 shows the number of notifications throughout Great Britain for the years 1946 to 1951.

TABLE 1.

Year.				Number.
1946	...	...	...	61,000
1947	...	...	...	61,800
1948	...	...	...	62,600
1949	...	...	...	63,300
1950	...	...	...	59,000
1951	...	...	...	49,440

Table 2 shows the number of notifications in North Westmorland for 1952 and the preceding five years :—

TABLE 2.

Year.			Pulmonary.	Non-pulmonary.
1947	...	...	12	4
1948	...	...	17	5
1949	...	...	8	6
1950	...	...	12	6
1951	...	...	9	7
1952	...	...	22	4

Deaths.

The number of deaths again shows a decline, and Tables 3 and 4 give the number of deaths from pulmonary tuberculosis alone throughout Great Britain and the number of deaths from pulmonary and non-pulmonary tuberculosis in North Westmorland.

The figures published by the Registrar-General every year give the mortality rate from tuberculosis by age groups in both sexes; there is a marked fall in the deaths in all age groups, but the over-all picture as it affects the two sexes is altered. In females the death rate is highest in early adult life, whilst in the males the rate is the highest at the end of the working span. This is interesting as it confirms our experience in this area, and is just what one would expect, particularly in males, as active disease in the older age groups is difficult to treat satisfactorily.

TABLE 3.

Deaths from pulmonary tuberculosis throughout Great Britain :—

Year.				Number.
1946	...	...	...	26,830
1947	...	...	...	27,640
1948	...	...	...	25,880
1949	...	...	...	23,320
1950	...	...	...	18,750
1951	...	...	...	13,917
1952	...	...	...	Not available

TABLE 4.

Deaths from pulmonary and non-pulmonary tuberculosis in North Westmorland :—

Year.			Pulmonary.	Non-pulmonary.
1947	...	...	6	—
1948	...	...	4	2
1949	...	...	2	—
1950	...	...	5	1
1951	...	...	1	1
1952	...	...	3	—

Statistics.

Table 5 gives the total number of notifiable cases of tuberculosis, both pulmonary and non-pulmonary, on the Clinic Register for the North Westmorland area.

I would particularly comment on the number of known cases within North Westmorland who have had a positive sputum during the latter six months of 1952, viz., 12. Many of these are in the older age groups.

TABLE 5.

Cases on the Clinic Register at the end of 1952.

North Westmorland.

	Respiratory		Non-Respiratory		Totals		Grand Total
	M.	W.	Ch.	M.	W.	Ch.	
Cases on Register as at ... 1st January 1952	18	13	5	7	14	6	63
Additions to Register during 1952	12	13	—	—	3	—	28
Removals during 1952	30	26	5	7	17	6	91
	2	4	1	1	2	1	11
Number on Register on 31st December 1952	29	22	3	6	15	5	80
Number of above known to ... have had a positive sputum within the preceding six months	7	5	—	—	—	—	12

Table 6 shows the number of examinations, etc., carried out at the Chest Centre in Carlisle, with regard to North Westmorland patients.

TABLE 6.

Statement of Attendances of Westmorland Cases at Chest Centre, Carlisle, during 1952.

		Resident.	Non-Resident.
(1)	No. of New Cases seen ...	149	1
(2)	No. of Old Cases seen ...	235	20
(3)	No. of New Contacts seen	144	—
(4)	No. of Old Contacts seen	158	—
(5)	No. of A.P. Refills given...	104	—
(6)	No. of P.P. Refills given ...	76	—

Contact Examinations.

Contact examinations remain a most important part of the war against tuberculosis, and the table gives the relevant details including the number of vaccinations with B.C.G. vaccine at Carlisle, in so far as they refer to the North Westmorland area.

TABLE 7.

Summary of Contact Examinations during 1952.

		M.	W.	Ch.
(a)	Total number of new contacts examined in 1952 either at Chest Centre or M.M.R. ...	18	27	99
(b)	Total number of new contacts attending Chest Centre only ...	144		
(c)	No. of old contacts examined during 1952 ...	158		
(d)	No. of contacts examined through the Mass Radiography Unit ...	—		
(e)	Total No. diagnosed as tuberculous ...	—		
(f)	No. of Mantoux Tests carried out during 1952 ...	185		
(g)	No. of contacts vaccinated with B.C.G. during 1952 ...	32		

As before, all contacts with negative Mantoux Tests are offered B.C.G. Vaccination. The protective power of B.C.G. vaccination is now well established and there is no question but that the incidence of tuberculous disease in those vaccinated is but a fraction of that

in those who are not vaccinated. In Carlisle we first commenced to use this vaccine in late 1950 and so far no case vaccinated has developed an active tuberculous lesion.

In countries where vaccination has been carried out over a period of 15 years the mortality from the disease likewise shows a striking reduction in those vaccinated. I would again point out the very real difficulty in assessing the true degree of protection obtained. As I stated last year the Mantoux Test is not a true indication. The test is usually described as positive or negative; in actual practice the skin reactions are, however, measured and the level of tuberculin sensitivity expressed in terms of distribution and the mean size of the reaction in the group examined as a whole. The actual measurement of the diameter of the indurated area requires skill and practice and even with an experienced observer the error is by no means small. Again, the Mantoux reaction is much influenced by many factors in the preparation and administration of the vaccine.

Institutional Treatment.

The number of beds available for the treatment of pulmonary tuberculosis in the area covered by the East Cumberland Hospital Management Committee is given in Table 8 :—

TABLE 8.

Institution.	No. of beds.
Meathop	14
Blencathra	40
City General Hospital	14
Longtown	23
Cumberland Infirmary	10
Ormside	20

Table 9 gives a summary of the Hospital Return for the year 1952 in respect of beds under the East Cumberland Hospital Management Committee.

TABLE 9.
Summary of Hospital Return for East Cumberland for the Year 1952.

No. of patients given :—	City				Cum-berland	Longtown
	Blencathra	Ormside	Hospital	Infirmary		
(a) Streptomycin ...	—	1	2	—	—	—
(b) Streptomycin and Paramisan ...	—	53	36	19	38	38
(c) Isonyazide ...	—	—	2	—	2	2
(d) Isonyazide and Streptomycin ...	—	7	5	3	7	7
(e) Paramisan ...	—	—	4	—	8	8
(f) Adhesion Section ...	—	—	31	—	—	—
(g) Phrenic Crush ...	—	—	73	4	3	3
(h) P.P. inductions ...	34	—	50	—	1	1
(i) A.P. inductions ...	26	—	14	—	—	—
(j) Aspirations ...	—	—	5	1	—	—
No. of patients discharged during 1952						
R.A. Cases ...	27	57	37	8	32 =	161
R.B. Cases ...	110	6	93	43	43 =	295
	137	63	130	51	75 =	456

Table 10 gives the number of North Westmorland patients occupying sanatorium beds on the 31st December, 1952.

TABLE 10.

Institution.		Beds.
Blencathra	...	3
Meathop	...	1
Stannington	...	—
Longtown	...	3
City General Hospital	...	2
Cumberland Infirmary	...	—
Ormside	...	3

Table 11 gives the total number of cases from North Westmorland admitted to institutions for treatment during 1952:—

TABLE 11.

Institution.	Adults.	Children
Blencathra	... 3	—
Meathop	... 1	—
Stannington	... —	—
Longtown	... 4	—
City General Hospital	... 6	—
Cumberland Infirmary	... 1	—
Ormside	... 6	—

Table 12 shows the waiting list for admission for sanatorium treatment in Section (a) and the list for admission for major surgery in Section (b) and relates to patients from the whole of the area covered by the East Cumberland Hospital Management Committee.

TABLE 12.

Waiting Lists for the whole of the area covered by the East Cumberland Hospital Management Committee.

Section (a) SANATORIUM WAITING LIST
as at 1st January, 1953.

Males.	Females.	Children.
10	5	1

Section (b) MAJOR SURGICAL WAITING LIST
as at 1st January, 1953.

Males.	Females.
13	21

The very full use made of the beds available to East Cumberland patients during the year is largely responsible for the comparatively small list of those awaiting sanatorium treatment. There is still a shortage of beds for the treatment of tuberculosis, and there are no beds for the investigation and treatment of non-tuberculous pulmonary conditions, such as bronchiectasis and neoplasm. It has been decided to allot two beds for bronchoscopy cases in the new geriatric wing at the City General Hospital.

Chemotherapy continues to play a vital role in the treatment of patients; the use of Streptomycin combined with Paramisan is now well established. The hopes we entertained a year ago from the use of the new drug—Isoniazide—have unfortunately not materialised, and one can say now after having 12 months' experience of the new drug that there is no evidence that Isoniazide and Streptomycin is in any way superior to Paramisan and Streptomycin. Isoniazide is no longer given by itself, as persistent evidence of resistant strains emerge rapidly in such patients. We have tended more and more to use Isoniazide and Streptomycin in patients who have not responded, or have re-acted badly, to Paramisan and Streptomycin. An emergence of strains of the tubercle bacillus highly resistant either to Streptomycin, and/or Isoniazide worsens the prognosis.

As I pointed out last year one form of treatment of tuberculosis is often complementary to the other; chemotherapy and collapse therapy are now well established. There is no waiting list for minor surgery and the facilities available at the Cumberland Infirmary are adequate as far as minor surgery is concerned. Our biggest handicap is the waiting list of cases for major surgery. During practically the whole of 1952 major surgery in tuberculosis has been at a stand-still. Whilst I have been fortunate to secure admission of an odd case, not only in the Newcastle Region but outside it, I look forward to the day when we shall have no waiting list for major surgery at all.

As facilities for major surgery become available to us considerably larger numbers of patients will qualify for admission, the present waiting list being largely composed of patients whose only chance of life is major surgery. The operation of thorocoplasty is now a well tried operation of proved and accepted value. Resection is a procedure of more recent date but with the advance in chemotherapy an ever increasing number of patients will be recommended for this operation in future. I would emphasise that major surgery altogether is a supplementary and not a complementary form of treatment. Rest and graduated exercise remain the basis of all treatment in pul-

monary tuberculosis. Chemotherapy and surgical treatment, both minor and major, result in a considerable shortening of this period of rest and graduated exercise. Effective chemotherapy not only has increased the number of patients with lesions treatable by resection, but has also led, partly because of certain dissatisfaction about the value of pneumothorax, to considerable widening of the indications for excision of the lung or portions of the lung. I still feel there is a very definite place for artificial pneumothorax and consider that the results of a good pneumothorax free from adhesions are in many ways superior to a thoracoplasty. The difficulty has been in the past that many pneumothoraces have been unsatisfactory from the beginning and have been continued for the simple reason that no major surgical alternatives were available. Artificial pneumothorax therefore came into some disrepute. We never now continue with an unsatisfactory pneumothorax when not only may the disease not be controlled but when also it may be frankly dangerous to continue this form of treatment.

We now recognise the case for resection of the large caseous focus so often met with and usually containing a liquified area in the centre with viable tubercle bacilli. These caseous masses, often surrounded by fibrous tissue, remain in continuity with the bronchus and may cause violent pneumonic spread and tuberculous endobronchitis, a common cause of relapse in patients who have made a good clinical recovery. Such caseous foci situated in areas such as the apical and posterior segments of the upper lobes and in the dorsal segments of the lower lobes are particularly liable to cavitation and should probably be dealt with by resection. After pre-operative treatment of bed rest and chemotherapy a patient may have returned several negative sputum results, but this is not an indication that the patient is out of danger. Removal of such major foci improves the general resistant powers of the patient and eliminates the very considerable threat to the well-being of such an individual. Each case requires very careful assessment as obviously removal of large masses of functioning lung tissue will have to be avoided.

Ambulance Service.

In Table 5 you will note that the number of collapse therapy refills given at the Chest Centre has again shown a considerable increase, and this factor is largely responsible for our continued demands on the Ambulance Service. We continue to discharge patients home before their full period of graduated bed rest and exercise has been completed. Were it not possible to make use of the ambulance

service in this way our sanatorium waiting list would be considerably higher.

Bronchiectasis.

Table B1 shows the number of cases of bronchiectasis on our Register for North Westmorland at the end of 1952.

TABLE B1.

Males.	Females.	Children.	Total.
9	3	4	16

TABLE B2.

Number of attendances at the Physiotherapy Clinic during 1952 :

Males.	Females.	Children.	Total.
1	—	8	9

The results of treatment by physiotherapy have been excellent and several cases presenting evidence of mild bronchiectasis have become entirely symptomless on this treatment alone; in the remainder the results have been remarkable, not only locally in the chest but in the patient's general condition. One, indeed, feels that in many early cases at least the bronchiectatic condition is reversible in that the bronchial tree returns to normal. Such a result has even been confirmed by bronchograms.

At present we have a waiting list of patients for bronchoscopy and bronchograms with a view to possible major surgery, but as I pointed out last year, during this waiting period the patient's condition generally improves with physiotherapy and no harm results.

Asthma and Bronchitis.

An increasing number of children suffering from asthma and bronchitis have been investigated and a serious effort has been made to train the patients in remedial breathing exercises under the supervision of the physiotherapist, and to combine this with advice on freeing the rooms at the patient's home, particularly the bedroom, of dust. Inhalant allergens and palliative measures during the attacks of asthma are left with the general practitioners concerned in each case.

Pulmonary Neoplasm

The number of cases of pulmonary neoplasm has again been small, but cases have again been fully investigated and admissions to Shotley Bridge for major surgery have taken place almost immediately. Cases considered to be unsuitable for surgery are referred to the Radiotherapy Department.

Pneumoconiosis.

The number of cases of pneumoconiosis from North Westmorland is small, and for the year amounted to 4, all from the Ullswater Valley. All cases have been fully investigated and where it was felt that the patient had a strong claim for compensation he was advised to apply accordingly to the Pneumoconiosis Board.

Mass Radiography.

(Note :—Figures given in brackets throughout the report relate to the corresponding figures for 1951).

1952 saw the completion of the first full year's work by the Mass Radiography Unit allotted to the Special Area.

The Unit was fully occupied throughout the year. The base at No. 1 Brunswick Street, Carlisle, continued to be used for public surveys within the City of Carlisle, and made possible the periodic overhaul of the Mass Radiography Unit vehicles without any interruption in the continuity of the Mass Radiography work. During the year, two members of the clerical staff left, one on being promoted to another appointment and the other on account of marriage. These members were replaced by two others.

In July Dr. Hambridge, the new Consultant Physician for the West Cumberland area, took up his duties and has since been responsible for the interpretation of films and the full investigation of all cases in the West Cumberland area.

Groups Examined.

During 1952 the Unit operated continuously throughout the Special Area and in addition to carrying out surveys at works and factories, surveys of the general public were carried out on 24 (11) occasions. 2,033 (1,502) contact cases were X-rayed, 1,307 from the East Cumberland area and 726 from West Cumberland. 938 (303) National Service Recruits were examined; 5 were found to be suffering from active tuberculosis; 6 from bronchiectasis and 1 from heart disease.

Facilities for chest x-ray examination continued to be made available in our public surveys to school children of 14 years and over. The School Medical Officers of the authorities concerned were contacted and full advantage was taken of the service as 4,642 (3,212) children of these age groups passed through the Unit. It is to be

noted that examination of school children is only carried out after receiving the consent of the parents.

The full co-operation of the general practitioners in the areas visited was invited during each survey and the number examined 355 (262) shows a small but welcome increase in the numbers referred by the doctors themselves. When one bears in mind that the Special Area is so widely scattered and that medical practitioners refer the vast majority of their cases to the established chest centres, I feel that this figure is satisfactory.

Sessions were held for members of the general public in 20 (8) towns in the Special Area. Preliminary propaganda was carried out, including advertisements in the press, in local cinemas and by posters and handbills. These public surveys necessitated no prior appointment and were well attended, no less than 23,281 (15,486) persons having passed through the Unit.

Results.

During the period 44,849 (32,387) persons were examined by the Unit. These include 1,079 (849) inmates of Dovenby Hall and Garlands Hospital. Excluding the mental patients 43,770 (31,538) civilians were examined, of whom 22,816 (16,022) were males and 20,954 (15,516) were females. These examinations are set out in the Ministry of Health age groups in Table 1.

M.R. TABLE 1.

Age :	14 and under.	15-24.	25-34.	35-44.	45-59.	60 and over.	Total all ages.
Male	1,834 (1,305)	5,289 (3,441)	5,156 (3,564)	4,407 (3,158)	4,860 (3,652)	1,270 (912)	22,816 (16,022)
Female	1,893 (1,339)	6,867 (5,362)	4,180 (3,129)	3,545 (2,543)	3,617 (2,673)	852 (470)	20,954 (15,616)
Totals	3,727 (2,644)	12,156 (8,803)	9,336 (6,683)	7,952 (5,701)	8,477 (6,385)	2,122 (1,382)	43,770 (31,538)

No. recalled for full-sized X-ray film: 1,665 — 3.71% of total examined.
(1,512)—(4.67%)

No. referred for clinical examination : 600 — 1.34% of total examined.
(423)—(1.30%)

No. failing to attend for full-sized film : 93—5.58% of those recalled.
(69)—(4.56%)

The detailed results of the X-ray examinations are shown in Table 2.

M.R. TABLE 2.

	Male.	Female.	Total.	Percentage of total examined.
Abnormalities Revealed.				
(i) Non-tuberculous conditions :				
1. Abnormalities of ribs, etc.	201	221	422 (395)	.94 (1.22)
2. Bronchitis and Emphysema	365	348	713 (15)	1.59 (.05)
3. Bronchiectasis ...	64	30	94 (102)	.21 (.31)
4. Pneumoconiosis ...	130	—	130 (126)	.29 (.39)
5. Pleural thickening ...	245	113	358 (202)	.8 (.62)
6. Intrathoracic neoplasms...	6	5	11 (12)	.02 (.04)
7. Cardiovascular lesions				
(a) Congenital ...	—	2	2 (10)	.004 (.03)
(b) Acquired ...	161	229	390 (249)	.87 (.77)
8. Miscellaneous ...	109	54	163 (152)	.36 (.47)
(ii) Suspected Pulmonary Tuberculosis—				
Previously known:				
1. Active ...	12	8	20 (17)	.04 (.05)
2. Inactive ...	8	11	19 (14)	.04 (.04)
Newly discovered:				
1. Active ...	56	75	131 (114)	.29 (.35)
2. Inactive primary ...	240	218	458 (403)	1.02 (1.24)
3. Inactive post-primary	394	264	658 (715)	1.47 (2.21)

The number recalled for clinical examination included all persons presenting radiological evidence of possible active pulmonary tuberculosis, cases of bronchiectasis, particularly those in the under 35 age groups, all neoplasms, and many of the persons presenting iron ore and pneumoconiotic changes in the X-ray pictures. Clinical examinations were carried out at the Chest Centres.

Table 3 gives a detailed analysis of the work of the Unit is so far as the East Cumberland area (including North Westmorland) is concerned.

M.R. TABLE 3.

East Cumberland.

Source of Examination.	Miniature Films	Large Films.	Clinical Exams.	Active T.B.	Inactive T.B.	Bronchiectasis.	Neoplasms.	Pneumoconiosis.	Cardiac Conds.
Doctors' cases ...	214	19	11	1	5	2	2	1	1
Ante-natal cases ...	8	1	1	1	—	—	—	—	—
Contact cases ...	1307	45	15	4	30	—	—	—	16
Nat. Service Recruits	938	11	14	5	6	6	—	—	1
Scholars ...	3069	53	12	1	27	4	—	—	11
School Staff ...	277	6	2	—	4	—	—	—	2
General Public ...	14893	607	214	43	368	39	6	12	130
Surveys ...	7815	274	75	13	222	16	—	—	48
Ment. Defective pat'nts	700	28	16	3	45	1	1	—	36
	29221	1045	360	71	707	68	9	13	245

Comments.

Because of advances in chemotherapy and thoracic surgery, the main emphasis on chest disease tends to centre on the treatment of the new case. Mass Radiography examination of individuals, however, is a sure indication that the epidemiology of disease is not being over-looked and that prevention is as vitally important as treatment. I would again emphasise that the results of the Mass Radiography Service cannot be assessed on the number of abnormalities found, and especially on the number of new cases of active tuberculosis discovered. Important though these figures are, it is not less important to be able to give an assurance that so large a proportion of the general public have normal chest X-rays. Once again I would emphasise that even in spite of a normal X-ray report, should chest symptoms develop later, the person concerned should seek further medical advice, preferably from his own doctor.

In 1951, the statistical data suggested that there was a larger incidence of tuberculous disease in the Workington and Maryport areas than elsewhere in the Special Area. The figures for 1952 tend to emphasise this, and it is logical to suggest that as soon as full chest centre facilities are available in the West Cumberland area more time should be spent by the Unit in this area than hitherto. Unfortunately, the response of both the general public and the personnel of many factories to Mass Radiography examination is not as good as it is in East Cumberland.

Acknowledgments.

Once again it is a pleasure to acknowledge the valuable help received in the Chest Centre work as a whole from the staff of the Public Health Department, and particularly I would express my sincere thanks to Dr. Guy, the County Medical Officer for Westmorland, for his continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

SOUTH WESTMORLAND.

The following is an extract from Dr. Campbell's Report:—

The total number on the clinic register on the 1st January, 1952, was 280, and on the 31st December, 1952, 286, divided into 146 men and 111 women and 29 children. Taken all over there has not much apparent change taken place in the relative numbers. It is, perhaps, worthy of note that of the total 37 were known to have had positive sputum in the last six months of the year; but this includes those in the Sanatorium. The number of persons examined for the first time during the year at the clinic was 250 and this included 61 contacts.

There are two sessions at the Fellside Clinic each week, one on Tuesday evening, which is mainly for refills, and the other one on Friday mornings, which is for consultation and review cases. The total attendance during the year was 1,976. X-ray screening was done in 1,903 cases, and radiographs to the number of 496 were taken. Tuberculin tests (jelly or Mantoux) numbered 117, and BCG. was used in 6 children. 208 specimens of sputum from patients were sent to the Pathological Laboratory, and the Health Visitors' visits to new patients and new contacts were 319, and visits to old cases 1,989. The Fellside Clinic has continued to function satisfactorily in spite of the rather cramped conditions, but it is expected that before the year is out new quarters will be available at Ghyll Head. Though

this may not be quite so convenient of access for patients it will have the advantage of being in closer contact with the general hospital and out-patients clinics.

BOVINE TUBERCULOSIS.

The Tuberculosis Order, 1938, is carried out by the Divisional Inspector of the Ministry of Agriculture and Fisheries, in co-operation with the County Police.

During the period 1st January to 31st December, 1952, 4 animals were slaughtered under the above Order as follows :—

Cows in Milk :—

- 1 excreting or discharging tuberculous material.
- 1 suffered from chronic cough.
- 1 T.B. milk.

Other cows :—

- 1 suffered from chronic cough.

Compensation to owners is paid by the Ministry of Agriculture and Fisheries.

MILK SUPPLIES.

The Milk and Dairies (Food and Drugs) Act, 1944, remained in abeyance from the date of its enactment until 1st October, 1949, on which date the County Council ceased to be responsible for the licensing of producers of Tuberculin Tested and Accredited Milk.

This Act and the Regulations made thereunder brought about the following position :—

The Minister of Agriculture and Fisheries is now responsible for :—

- (i) The registration and supervision of dairy farms.
- (ii) The licensing and supervision of producers of Tuberculin Tested and Accredited Milk.

The County Council is responsible for :—

The licensing and supervision of pasteurising and sterilising premises.

The County District Councils are responsible for :—

- (i) The registration and supervision of milk distributors and dairies, other than dairy farms.
- (ii) The licensing of dealers of designated milk.

The Regulations also laid down detailed requirements in the matters of cleanliness of dairies, milk containers, retail vehicles and milk handlers, as well as methods of sampling and testing milk. The powers of Medical Officers of Health to deal with the problem of milk-borne infectious diseases are also strengthened.

It is further provided that all licences to use the designation "Accredited" shall lapse on 30th September, 1954, and shall not be renewable; no new licence to use the designation "Tuberculin Tested" will be granted after 30th September, 1954, unless the herd is Attested, and after 30th September, 1957, all "Tuberculin Tested" licences still in force will apply only to attested herds.

A further stage in the campaign to secure a safe milk supply was reached with the enactment of the Milk (Special Designations) Act, 1949, which provides that in areas specified from time to time by the Minister of Food, no milk may be sold by retail unless it carries one of the special designations.

Licences to pasteurise milk have been granted in respect of one establishment in the County, and routine sampling of the treated milk is carried out by the Weights and Measures Department of the Council.

TREATMENT OF VENEREAL DISEASES.

Treatment of Venereal Diseases has now passed to the Regional Hospital Board. The problem of V.D. has never been a large one in Westmorland. The establishment of the Kendal Clinic has had a useful part to play. The journey to Lancaster or Barrow or Carlisle has deterred a number of patients from having regular treatment, with the result that there was an increase in the number of defaulting patients.

New cases reporting to all the Clinics have decreased during the past four years, particularly at the Kendal Clinic where the total of new patients in 1948 (from 4th June only), 1949, 1950, 1951 and 1952 have been respectively 31, 50, 35, 19 and 13. Whether these figures represent the actual decrease in persons becoming infected cannot however be stated with certainty, as some cases are now probably treated by general practitioners.

Westmorland cases treated at the following Centres for the year ended 31st December, 1952, are as follows:—

Centre.	New Cases.				Non-Venereal & undiagnosed conditions.	Total number of cases.
	Syphilis.	Soft Chancre.	Gonorrhoea.			
Carlisle	...	—	—	3	2	5
Kendal	...	3	—	2	8	13
Lancaster	...	—	—	2	1	3
	...	—	—	—	—	—
Total	...	3	—	7	11	21
	...	—	—	—	—	—

MENTAL DEFICIENCY ACTS, 1913-1938.

Particulars of Cases Reported during the Year 1952

Ascertainment.

	Males.	Females.	Total.
(a) Cases reported by Local Education Authority :—			
(i) As ineducable	2	1	3
(ii) As needing care and supervision after leaving school...	—	—	—
(b) Other cases found “subject to be dealt with”	—	1	1
(c) Other cases ascertained but not “subject to be dealt with”	—	—	—
	—	—	—
TOTAL cases reported during the year ...	2	2	4
	—	—	—

Disposal of cases reported during the Year.

	Males.	Females.	Total.
(a) Ascertained defectives found “subject to be dealt with” :—			
(i) Admitted to Institutions ...	1	—	1
(ii) Placed under Statutory Supervision	2	2	4
(iii) Died or removed from area ...	—	—	—
(iv) Taken to “Place of Safety” ...	—	—	—
(v) Action not yet taken ...	—	—	—
	—	—	—
Total ...	3	2	5
	—	—	—
(b) Cases not at present “subject to be dealt with” :—			
Placed under Voluntary Supervision	—	—	—
	—	—	—

Particulars of Mental Defectives on 31st December, 1952.

	Males.	Females.	Total.
(1) Number of Defectives found "subject to be dealt with":—			
(a) In Institutions—			
Under 16 years of age ...	2	5	7
Aged 16 years and over ...	51	44	95
(b) Under Guardianship—			
Under 16 years of age ...	—	1	1
Aged 16 years and over ...	—	—	—
(c) Under Statutory Supervision—			
Under 16 years of age ...	6	5	11
Aged 16 years and over ...	11	18	29
(d) Taken to "Place of Safety"—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	—	—	—
(e) Action not yet taken under			
(a) to (d) above ...	—	—	—
TOTAL number of defectives "subject to be dealt with" ...	—	—	—
	70	73	143
	—	—	—

Included in (b) to (d) above are 8 cases (6 male and 2 female) who are awaiting removal to an Institution.

(2) Number of Defectives under Voluntary Supervision :—

	Males.	Females.	Total.
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	11	25	36
	—	—	—
Total ...	11	25	36
	—	—	—
TOTAL number of defectives (1) and (2) above ...	81	98	179

STATISTICAL TABLES.

The following tables are a simplified version of the Annual Returns now required by the Ministry of Health :—

TABLE I.

ANTE-NATAL AND POST-NATAL CLINICS.

(1)	No. of clinics provided (2)	No. of sessions per month (3)	No. of Women who attended. (4)	No. of women in col. 4 who had not attended a clinic since previous confinement. (5)	Total attendances. (6)
Ante-natal ...	—	—	—	—	—
Post-natal ...	—	—	—	—	—

TABLE II.

DOMESTIC HELPS.

(a) Number of Domestic Helps employed at 31st December, 1952 :—

(1) Whole-time	...	...	...	...	...	5
(2) Part-time	...	...	...	...	...	26

(b) Number of cases where Help was provided :—

(i) Maternity	...	...	...	...	...	47
(2) Tuberculosis	...	...	...	...	...	4
(3) Others	...	...	...	...	...	162

TABLE III.

HOME NURSING.

No. of Home Nurses employed on 31-12-52. Whole-time on Home Nursing. (1)	Part-time on Home Nursing. (2)	Equivalent of Whole- time services devoted to Home Nursing in Cols. (1) and (2). (3)	No. of Visits paid by Home Nurses during the period. (4)	No. of cases attended by Home Nurses during the period. (5)
1	40	24.2	78,255	4,028

TABLE IV.

INFANT WELFARE CENTRES.

Number provided. (1)	No. of sessions per month. (2)	No. of children who attended. (3)	No. of children who first attended and who were on first attendance:		No. of children who were at end of year:		Total No. of attendances made by children included in col. 3:	
			Under 1 year old. (4)	Over 1 year old. (5)	Under 1 year old. (6)	Over 1 year old. (7)	Under 1 year old. (8)	Over 1 year old. (9)
16	23	1,098	352	84	330	768	3,427	2,956

TABLE V.

HEALTH VISITING.

No. of Health Visitors employed:		Equivalent of Cols. 1 and 2 in terms of whole-time Health Visitors. (3)	No. of Visits Paid by Health Visitors:							
			Expectant Mothers:		Children under 1 year old:		Children between 1 and 5 years old:		Other Classes:	
Whole-time on Health Visiting. (1)	Part-time on Health Visiting. (2)		First Visits. (4)	Total Visits. (5)	First Visits. (6)	Total Visits. (7)	First Visits. (8)	Total Visits. (9)	First Visits. (10)	Total Visits. (11)
2	37	11	—	—	991	10,433	418	13,152	1,044	7,196

TABLE VI.
MIDWIVES' ACTS, 1902-1936.—RETURN OF LOCAL SUPERVISING
AUTHORITY.

1. Maternity Cases Attended.

No. of Maternity Cases in the area attended by Midwives during the period:						
(1)	Domiciliary Cases:		Cases in Institutions:		Total cases:	
	As Midwives. (2)	As Maternity Nurses. (3)	As Midwives. (4)	As Maternity Nurses (5)	As Midwives (6)	As Maternity Nurses (7)
Midwives employed by:						
(a) the Authority ...	121	146	Nil.	Nil.	121	146
(b) Voluntary Organisations	Nil.	Nil.	160	4	160	4
(c) Hospital Management						
Committees ...	Nil.	Nil.	261	162	261	162
Midwives in private practice	Nil.	Nil.	7	105	7	105
Totals ...	121	146	428	271	549	417

2. Midwives in Private Practice.

(a) Domiciliary	...	...	...	...	—
(b) In Nursing Homes	...	...	...	...	8
					— 8

3. Medical Aid under Section 14 (1) of the Midwives Act, 1918.

No. of cases in which medical aid was summoned during the period :—

(a) For Domiciliary cases :—					
(i) Where the Medical Practitioner had arranged to provide Maternity Services under the National Health Service Act, 1946	...	...	...	...	20
(ii) Other cases	...	...	...	...	7
					— 27
(b) For cases in Institutions	...	...	...	...	12

4. Administration of Analgesia.

(a) Number of Midwives in practice in the area qualified to administer Analgesics :—					
(i) Domiciliary	...	...	...	...	37
(ii) In Institutions	...	...	...	...	12
					— 49
(b) Number of sets of Analgesic apparatus in use by the Authority's midwives	...				31
(c) Number of cases in which Analgesics were administered in domiciliary practice :—					
(i) by midwives	...	...	...	...	80
(ii) by maternity nurses	...	...	...	...	100
					— 180

TABLE VII.

AMBULANCE SERVICES.

(1)	No. of Vehicles at 31-12-52 (2)	Total No. of patients. (3)	Total No. of journeys. (4)	No. of emergency patients included in col. (3) (5)	Total mileage during period. (6)
Ambulances ...	7	3,050	2,140	254	79,999
Cars ...	See below*	14,651	5,908	146	217,257

NOTE :—* The Sitting-case Car Service was provided by voluntary drivers and by taxis; at the end of the year 35 voluntary drivers were on the roll, and 58 taxi proprietors had agreed to provide this service.

NOTIFIABLE DISEASES, 1952.

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Pneumonia	Abortive Poliomyelitis	Acute Poliomye- litis non-Paralytic	Acute Poliomye- litis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Cerebro-Spinal Fever	Meningococcal Meningitis	Cerebro-Spinal Meningitis	Food Poisoning	Acute Infect. Encephalitis
Appleby ..	—	7	—	2	7	—	—	—	—	—	—	—	—	—	—	24	—	—	—	—	
Kendal ..	—	11	—	2	18	3	4	—	—	1	—	20	4	—	6	105	—	2	—	2	
Lakes ..	—	2	—	—	2	1	2	—	—	—	—	—	—	—	103	35	—	—	—	1	
Windermere	—	—	—	—	3	—	9	—	—	1	—	—	—	—	7	21	—	1	—	—	
N Westmorland	—	9	—	1	15	3	6	—	—	1	—	—	—	—	20	114	—	—	—	—	
S Westmorland	—	15	—	3	5	1	5	—	—	—	—	1	—	—	13	83	—	—	—	1	
Totals 1952	—	44	—	8	50	8	26	—	—	3	—	21	4	—	149	382	—	3	—	4	
Totals 1951	—	60	2	4	54	11	25	1	2	7	—	36	5	—	1427	271	—	1	—	39	

Notifiable Diseases (other than Tuberculosis) during the year 1952.

Ages.	Smallpox.	Scarlet Fever.	Paratyphoid Fever	Erysipelas.	Pneumonia.	Abortive Polio-myelitis	Acute Polio-myelitis non-paralytic	Acute Polio-my- elitis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Measles	Whooping Cough	Cerebro-Spinal Fever	Meningococcal Meningitis	Cerebro-Spinal Meningitis	Food Poisoning	Acute Infect. Encephalitis
Under 1 year ..	—	—	—	—	—	—	—	—	—	—	—	—	2	19	—	—	—	—	—
1-2 Years	—	4	—	—	—	—	—	—	—	—	—	—	16	65	—	—	—	—	—
3-4 " ..	—	14	—	—	1	—	—	—	—	9	—	—	33	121	—	2	—	1	—
5-9 " ..	—	23	—	—	5	—	—	—	—	10	—	—	61	162	—	1	—	—	1
10-14 " ..	—	3	—	—	—	—	—	—	—	—	—	—	32	7	—	—	—	—	—
15-24 " ..	—	—	1	3	2	—	1	—	—	2	3	—	5	2	—	—	—	—	—
25 years and over	—	—	1	5	18	—	—	3	—	—	1	—	—	6	—	—	—	3	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified	—	44	—	8	26	—	—	3	—	21	4	—	149	382	—	3	—	4	1
Cases admitted to Hospital ..	—	7	—	—	1	—	—	2	—	2	1	—	1	—	—	2	—	1	1
Total Deaths ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—

NOTE: The deaths shown above are only in respect of cases which have been notified.

